

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

10/576839

Filing Date

Application

CLAIMS

| | AS FILED | | AFTER IN AMENDMENT | | AFTER IN AMENDMENT | | | AS FILED | | AFTER IN AMENDMENT | | AFTER IN AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| | 1 | | | | | | | 51 | | 1 | | | |
| 2 | | | | | | | | 51 | | 1 | | | |
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| TOTAL IND. | | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |